

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



December 8, 1997

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 97-58

CHANGE OF STATUS - LIENS - FORM DHS 7013 (9/97)
PROPERTY LIEN REFERRAL - FORM DHS 7014 (8/97)
RESOURCE VERIFICATION QUESTIONNAIRE - FORM MC176 R (12/87)

Ref.: Title 22, California Code of Regulations, Section 50428 and All County Welfare Directors
Letter No. 97-21

The purpose of this letter is to advise counties that the current address for the Department of Health Services' (DHS) Recovery Section is:

State Department of Health Services
Third Party Liability Branch
Recovery Section
P.O. Box 2471
Sacramento, CA 95812-2471

The current telephone number is (916) 322-0521.

The DHS 7013 - Change of Status - Liens Form (12/96) and DHS 7014 - Property Lien Referral Form (12/96) have been revised. These forms will be available in the DHS warehouse December 15, 1997. Counties are instructed to begin using these forms no later than February 1, 1998. Please destroy all other revisions of these forms. A sample copy of each form has been enclosed for your convenience.

Also, the MC 176 R (Rev. 12/87) - Resource Verification Questionnaire has been determined to be an obsolete form. There is no current replacement for this form.

If you have any questions regarding these issue, please contact Sharyl Shanen-Raya at (916) 657-2942 or the Third Party Liability Branch, Recovery Section at (916) 322-0521.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

CHANGE OF STATUS—LIENS

Name of beneficiary		Medi-Cal identification number		Social Security number	
<input type="checkbox"/> Discharged from long-term care and returned home on _____ <input type="checkbox"/> Requested a county level review on _____ <input type="checkbox"/> Requested a state hearing/rehearing on _____ <input type="checkbox"/> County level review decision issued on _____ <input type="checkbox"/> State hearing/rehearing decision issued on _____					
Lien may be recorded <input type="checkbox"/> Yes <input type="checkbox"/> No					
Beneficiary's address (number, street)			City	State	ZIP code
<input type="checkbox"/> Other information/changes: _____ _____ _____					
Eligibility Worker signature		Eligibility Worker number	Telephone number ()	Date	

Mail to: Department of Health Services
 TPL Branch, Recovery Section
 P.O. Box 2471
 Sacramento, CA 95812-2471
 Telephone number: (916) 322-0521

HS 7013 (9/97)

CHANGE OF STATUS—LIENS

Name of beneficiary		Medi-Cal identification number		Social Security number	
<input type="checkbox"/> Discharged from long-term care and returned home on _____ <input type="checkbox"/> Requested a county level review on _____ <input type="checkbox"/> Requested a state hearing/rehearing on _____ <input type="checkbox"/> County level review decision issued on _____ <input type="checkbox"/> State hearing/rehearing decision issued on _____					
Lien may be recorded <input type="checkbox"/> Yes <input type="checkbox"/> No					
Beneficiary's address (number, street)			City	State	ZIP code
<input type="checkbox"/> Other information/changes: _____ _____ _____					
Eligibility Worker signature		Eligibility Worker number	Telephone number ()	Date	

Mail to: Department of Health Services
 TPL Branch, Recovery Section
 P.O. Box 2471
 Sacramento, CA 95812-2471
 Telephone number: (916) 322-0521

INSTRUCTIONS FOR DHS 7013 CHANGE OF STATUS-LIENS

The form is completed in duplicate; the original sent to DHS Recovery, the copy retained in the case record.

1. Enter beneficiary's full name, Medi-Cal ID number, and Social Security number.
2. Check box and enter requested information.
3. Eligibility Worker signs and dates form.

DHS 7013 (9/97)

INSTRUCTIONS FOR DHS 7013 CHANGE OF STATUS-LIENS

The form is completed in duplicate; the original sent to DHS Recovery, the copy retained in the case record.

1. Enter beneficiary's full name, Medi-Cal ID number, and Social Security number.
2. Check box and enter requested information.
3. Eligibility Worker signs and dates form.

DHS 7013 (9/97)

PROPERTY LIEN REFERRAL

COUNTY USE ONLY

1. Name of county				
2. Name of beneficiary				
3. a. Name of institution/facility				
b. Current address (number, street)		City	State	ZIP code
4. Responsible party if other than beneficiary			Telephone number ()	
Address (number, street)		City	State	ZIP code
5. Medi-Cal identification number (14 digits)		6. Social Security number		7. Medicare number, if applicable
8. Property address (number, street)		City	County	State ZIP code
9. Other legal owner(s)				
10. Fair market value—attach appraisal				
11. County Assessor's parcel number. Attach a copy of deed.			12. Date Notice of Action sent	
13. Eligibility Worker's name			Telephone number ()	
14. Eligibility Supervisor's signature				

STATE USE ONLY

15. Recovery Branch signature				
6. All documents completed and lien filed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. The following information is missing:				
<input type="checkbox"/> Name of beneficiary	<input type="checkbox"/> Medi-Cal identification number	<input type="checkbox"/> Property address	<input type="checkbox"/> Copy of deed	
<input type="checkbox"/> Current address	<input type="checkbox"/> Appraised amount (if not on appraisal)	<input type="checkbox"/> Copy of appraisal		
16. Recovery Branch contact			Telephone number ()	

Mail to: Department of Health Services
TPL Branch, Recovery Section
P.O. Box 2471
Sacramento, CA 95812-2471
Telephone number (916) 322-0521

8-28-97

INSTRUCTIONS
Property Lien Referral (DHS 7014)

- A. For each beneficiary owning real property that may be liened in accordance with Section 50428, the county shall complete the *Property Lien Referral* and forward it to the Department of Health Services' Recovery Section within 30 days of the the List Property For Sale—Persons in LTC (MC 239 W) notice is sent to the applicant/beneficiary.
- B. The following describes the information which is to be provided on the *Property Lien Referral*. Items 1 through 13 must be completed by the Eligibility Worker. Items 15 through 18 are for DHS's use only.

COUNTY USE ONLY

1. Name of the county. This must be the county of responsibility regardless of where the property is located.
2. Name of the beneficiary. This must be the name that appears on the SAWS 1. If the beneficiary's name is different on the deed to the property, indicate with "AKA."
3. a. Name of institution or facility.
b. Current address of beneficiary.
4. Responsible party, if other than the beneficiary. Include his/her name, address, and telephone number.
5. Medi-Cal identification (ID) number. This must be the current entire case number. If any changes are made to this number, it must be reported to the Recovery Section using the *Change of Status—Liens* form (DHS 7013). The new number should be noted in the other information/change section of the form.
6. Social Security number. This must be verified in accordance with Section 50168. If any changes are made to this number, it must be reported to the Recovery Section using the *Change of Status—Liens* form (DHS 7013). The new number should be noted in the other information/change section of the form.
7. Medicare number or other health insurance information.
8. Property address. Included in this section would be the county and the state, if other than California, where the property is located. If the property is in California, only the county is necessary. If the location is outside the State, both the county and state are required.
9. Other legal owner(s). Identify individual(s) sharing title with the beneficiary.
10. Fair market value (FMV). The real estate agency listing contract with the FMV appraisal shown must be attached to the *Property Lien Referral*. The appraisal requirements specified in Section 50425 must be followed.
11. Enter the county assessor's parcel number from a tax statement, deed, etc. Furnish a copy of the deed.
12. The date the Notice of Action—List Property For Sale (MC 239 W) was sent. A lien will be recorded by the Recovery Section upon receipt of the *Property Lien Referral*.
13. Enter the Eligibility Worker's name and telephone number in case additional information is needed.
14. Enter the Eligibility Supervisor's signature, showing that the form is complete and contains accurate information.

STATE USE ONLY

- 15.–16. The form will be signed by the Recovery Section and a copy mailed to the county within ten days of receipt showing that the form was complete and all documents were received.
17. If information is missing that would prevent Department of Health Services from filing a lien, the Recovery Section will indicate by checking the appropriate box and returning the form and all attached documents to the county.
18. Contact the Recovery Section, (916) 322-0521, if there are any questions regarding this form.